

PARENT/GUARDIAN CONSENT TO RELEASE OF YOUTH RECORDS

I, _____, parent/guardian of _____, a youth in the custody of the Louisiana Office of Juvenile Justice, do hereby give my consent to release the records of my child to _____, the attorney representing him/her.

I hereby authorize the above-named attorney to view/receive copies of my child's records. I understand that included in my child's records are social, family-history and medical/mental health information.

Further, I have initialed below where it my intention to waive my child's confidentiality and specifically authorize release to his/her attorney the following named documents.

_____ By placing my initials here I am confirming that I intend to waive my child's rights to confidentiality as to these particular records and allow my child's attorney to view/copy any psychological and psychiatric documents, including but not limited to evaluations, reports and progress notes.

_____ By placing my initials here I am confirming that I intend to waive my child's rights to confidentiality and allow the attorney to view/copy my child's **education** information.

_____ By placing my initials here I am confirming that I intend to waive my child's rights to confidentiality and allow the attorney to view/copy any **substance abuse treatment** information which may be included in my child's records.

_____ By placing my initials here I am confirming that I intend to waive my child's rights to confidentiality and allow the attorney to view/copy any **HIV/AIDS** information which may be included in my child's records.

Parent/Guardian's Signature

Date

Witness